

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 DEC 11 PM 4:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N97000004788**

1. Corporation Name
THE LANDON FOUNDATION, INC.

Principal Place of Business 801 BRICKELL AVE 19TH FLOOR MIAMI FL 33131	Mailing Address 801 BRICKELL AVE 19TH FLOOR MIAMI FL 33131
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 08/22/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 264-36-2150	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LANDON, R. KIRK	11222 QUAIL ROOST DRIVE	MIAMI FL 33131
D	GASTON, GERALD N	11222 QUAIL ROOST DRIVE	MIAMI FL 33131
D	SANDSTROM, FREDERICK H	801 BRICKELL AVE, 19TH FLOOR	MIAMI FL 33131
			900002713449--4 -12/15/98--01089--002 ****236.25 ****236.25
			12/19

8. Name and Address of Current Registered Agent SANDSTROM, FREDERICK H 801 BRICKELL AVE 19TH FLOOR MIAMI FL 33131		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: [Signature] **SIGNATURE REQUIRED** Date: 12/3/98
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** Date: 12/3/98 305-372-5005
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2ED40 (9/95)